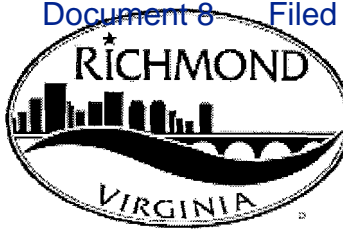


Richmond City Sheriff's Office
LL-1, John Marshall Courts Building
Richmond, Virginia 23219



Civil Process Section
400 N. 9th Street
Telephone (804) 646-6600

SHERIFF'S OFFICE

AFFIDAVIT OF SERVICE

Being duly sworn and authorized to make service as provided by the Code of the Commonwealth of Virginia, by my signature subscribed below I do hereby certify that I executed a true copy of the within Summons And Complain, in the following manner and on the date so indicated:

- (X) Served in person
- () Registered agent
- () Served on the person or officer found to be in charge
- () Posted service (only if authorized)
- () Member of Family (Resident)
- () Not found (Explain):

DESCRIPTION OF PERSON SERVED				
NAME Aaron Scott M.D.	RACE	SEX	DOB (OR APPX. AGE)	SSN
STREET ADDRESS 1250 East Marshall St.	HGT	WGT	EYES	HAIR

Robert A. Thompson
Signature of Affiant

5/21/07
Date

AFFIDAVIT

COMMONWEALTH OF VIRGINIA

Before me personally appeared the said DEP. R. THOMPSON who says that he/she executed the above instrument in the above manner and on the date indicated.

Sworn to and subscribed in my presence this 21st day of MAY, 2007

My commission expires JUNE 30, 2010

[Signature]
Signature of Notary